

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. 091	FILING DATE 782633	APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61			
2		/					62			
3		/					63			
4		/					64			
5		/					65			
6		/					66			
7		/					67			
8		/					68			
9		/					69			
10	/						70			
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22		/					82			
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37							97			
38							98			
39							99			
40							100			
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	20						TOTAL DEP.			
TOTAL CLAIMS	25						TOTAL CLAIMS			

Best Available Copy